

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90039 017 \*\*\*158.75

004910 AV

**DOCUMENT # P99000095753**

1. Entity Name

**KZ DESIGNS, INC.**

Principal Place of Business

**3711 SHAMROCK STREET WEST, NO. I-143  
TALLAHASSEE FL 32308**

Mailing Address

**3711 SHAMROCK STREET WEST, NO. I-143  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**7130 Turtle Creek Lane**  
Suite, Apt. #, etc.

3. Mailing Address

**7130 Turtle Creek Lane**  
Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee FL**

4. FEI Number

**52-2117810**

Applied For

Not Applicable

Zip

**32312**

Country

**USA**

Zip

**32312**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAWROTY, KARIN I**

**3711 SHAMROCK STREET WEST, NO. I-143  
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7130 Turtle Creek Lane**

City

**Tallahassee**

**FL**

Zip Code

**32312**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Karin I. Zawroty*  
Signature, typed or printed name of registered agent and title if applicable.

**KARIN I. ZAWROTY, President**

**02/03/02**

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete  
NAME **ZAWROTY, KARIN I**  
STREET ADDRESS **3711 SHAMROCK STREET WEST, NO. I-143**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karin I. Zawroty*  
**KARIN I. ZAWROTY, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/03/02**

Date

Daytime Phone #

**850 591-8937**

CR2E034 (9/01)